

Respondent Information Form

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:
<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

NIADA – Northern Ireland Alcohol and Drug Alliance

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
 Publish response only (without name)
 Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

No

Questionnaire

Question 1

Do you think Minimum Unit Pricing (MUP) should continue?

Yes

No

Question 2

If MUP continues, do you agree with the proposed Minimum Unit Price of 65 pence?

Yes

No

Question 3

We invite comments on:

the Scottish Ministers' proposal to continue MUP, and

the proposed MUP of 65 pence

Please comment below

AS an alliance of 18 member organisations NIADA welcome the proposal to continue MUP and to increase it to at least 65p per unit.

The evidence is clear that the policy has achieved its aim of reducing alcohol-related harm especially in the most deprived areas of Scotland, this in turn has led to reducing alcohol-related health inequalities.

These positive outcomes are because MUP has reduced how much alcohol is being consumed both as a population and, more specifically, for those drinking at hazardous and harmful levels. MUP shows to have reduced total alcohol sales in Scotland by an estimated 3% in the first three years of implementation, driven by a reduction in off-trade sales. Households that bought the most alcohol prior to MUP reduced their purchasing the most after implementation.

MUP must therefore be continued – removing the policy would reverse the positive benefits achieved so far, and result in increased alcohol-related harm into the future.

Before MUP was implemented, some raised concerns around potential 'unintended consequences' of the policy. However, the evaluation concluded that there was no clear evidence of social harms at the population level and no evidence of substantial negative impacts on the alcoholic drinks industry. For example, there was no widespread increased use of drugs due to MUP, no increases in crime rates (such as

theft or violence), little indication of increased use of non-beverage or illicit alcohol, and minimal cross-border purchasing.

Some individuals, especially those with dependence, did experience worsened existing social harms such as financial pressures, but this was not widespread.

Alcohol dependence is a complex problem and people will need intensive, individual treatment and support to overcome. While some dependent drinkers reported reducing their consumption due to MUP the policy's greatest contribution seems to be reducing alcohol dependence by helping to reduce the risk of others becoming dependent in future.

Alcohol harm is a public health emergency and can be tackled with a combination of MUP and other help and services. Despite the positive impact of the policy, changing drinking habits during the pandemic, combined with reduced access to services, led to a tragic rise in alcohol-specific deaths in Scotland between 2019 and 2022, reaching the highest level in 14 years. Unfortunately, this increase in harm is likely to continue well into the future.

Whilst it must be part of a wider package of measures to reduce alcohol consumption and harm, MUP has an essential part to play in reducing alcohol related harm. At a time when health inequalities are widening it is important to address the challenges of non-communicable diseases like cancer and cardiovascular disease.

NIADA are happy to back the call for minimum unit pricing to be increased to 65p.

Failure to uprate MUP would result in even higher levels of alcohol consumption and harm, placing a substantial additional burden on our NHS and on the economy.

The benefits of MUP have been eroded by inflation over the last 5 years, as alcohol has become more affordable than when the price was introduced in 2018. Failure to uprate would critically undermine the policy and reverse the positive effects we have seen so far. We agree with the Scottish Government that the MUP must be set at a level that would result in additional public health benefits given the increased health challenges Scotland faces.

An MUP of 65p would make good inflation and modestly increase the benefits of the policy.

As well as increasing the minimum unit price to at least 65 pence, we recommend the Scottish Government introduces further legislation to provide an automatic uprating mechanism to ensure MUP rises in line with inflation. This would be in line with World Health Organization (WHO) advice. The price level should also be subject to periodic review by Public Health Scotland who can advise on any adjustments required to maintain or increase its effectiveness. The Scottish Government must commit to such action as soon as is practicable, to limit the impact of deflation from the introduction of any new price.

We also urge the Scottish Government to introduce an Alcohol Harm Prevention Levy, as proposed by the NCD (non-communicable diseases) Alliance Scotland. This would enable any additional profits from MUP to be recovered from retailers and used to fund local action on prevention and treatment and recovery support.

